

TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

Form 1003/1003C
Rev. 2015

API NO.	071-22564
OTC PROD. UNIT NO	
PLUGGING DATE	01/17/17

PLUGGING RECORD
OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No.				ROBERT SANDS NORTH 1A SWD					
Location		1/4 SE 1/4 NW1/4 NW1/4		Sec	10	Twp	27N	Rge	5E
1650		Ft FSL of 1/4 Sec		1000		Ft FWL of 1/4 Sec		County KAY	
Total Depth	4470'	Base of Treatable Water		190'		Well Classification		SWD	

Locate Well on Grid

OPERATOR		Name		CHAPARRAL ENERGY LLC		OTC/OCC No.	
Address		701 CEDAR LAKE BLVD		Phone			
City OKLAHOMA CITY		State OK		Zip		73114	

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8-5/8"	360'	none	Surface
7"	3535'	none	I.C.
5-1/2"	3395'	none	I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From	3435	To	3505
Set 2 - From		To	
Set 3 - From		To	
Set 3 - From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CLASS C	5 1/2	3350	300	396	3300	3300
2	CLASS C	5 1/2	2650	150	198	2400	1502
3	CLASS A	5 1/2	500	185	218.3	SURFACE	
4							
5							

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FEB 07 2017

REMARKS

Reason for Plugging	OKLAHOMA CORPORATION COMMISSION BRISTOW OFFICE
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CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.

Signature	Date	Name and Title Typed or Printed	
Tracy L. Williams	01/17/17	TRACY L. WILLIAMS/CEMENTER	
Company Name		Permit No.	
CONSOLIDATED OIL WELL SERVICES LLC		652	
Address		Phone	
101 N. HARMONY RD		918-225-3040	
City		State	
CUSHING		OK	
		Zip	
		74023	

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date	Name and Title Typed or Printed	
Leigh Kuykendall	2/2/17	Leigh Kuykendall, Regulatory Compliance Supr.	
CORPORATION COMMISSION USE ONLY			
By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.			
Signature of District Manager		Field Inspector	
[Signature]		G. Schwarz	